## ALLOWANCE OF VOUCHERS

I HEREBY CERTIFY THAT EACH O	F THE ABOVE LISTE	D VOUCHERS AN	D THE INVOICES	, OR BILLS ATTA	CHED THERETO,
ARE TRUE AND CORRECT AND 1 H September 24	AVE AUDITED SAME	JUDITH C. FISCAL OFF	MS C	10-1.6. Mudd	<i>,</i> —
WE HAVE EXAMINED THE VOUCHER PAGES, AND EXCEPT FOR VOU					
IN THE TOTAL AMOUNT OF \$ APPROVED BY STATE BOARD OF A		DATED THIS 2 OR	4th DAY OF CITY OF WEST	September LAFAYETTE	2010.
	······				

9/24/10 3:46:07

# ACCOUNTS PAYABLE VOUCHER REGISTER

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# CITY OF WEST LAFAYETTE

# FOR THE PERIOD OF 9/24/10 - 9/24/10

CHECK V	OUCHER VENDOR NAM INVOICE NUMBER		DUE DATE FND	PROGRAM	OBJECT	CC	ACCOUNT	T TITLE	VOUCHER AMOUNT	AMOUNT ALLOWED
2238	2238 JASON BURKS, FLEX PLAN	FLEX ACCOUNT FLEX PLAN DEPENDE	9/24/10 NT 819	819.00	.00	0	FLEXIBLE	PLAN DEPENDENT CARE CHECK AMOUNT	186.00 186.00	186.00
				PRE-WRITTEN TOTAL			186.00			
							GRAI	ND TOTAL	186.00	

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## CITY OF WEST LAFAYETTE

FUND DESCRIPTION VOUCHER TOTAL

819 FLEXIBLE PLAN DEPENDENT CARE 186.00

GRAND TOTAL 186.00